

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90097 013 \*\*\*\*61.25

**DOCUMENT # N10469**

1. Entity Name

**EASTBROOK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

15015 REDCLIFF DR.  
TAMPA FL 33625-1957

15015 REDCLIFF DR.  
TAMPA FL 33625-1960

00044000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2653337**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRETTA, NELSON**  
**15015 REDCLIFF DR.**  
**TAMPA FL 33625**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **WEEKS, AMY**  
 STREET ADDRESS **15002 REDCLIFF DR.**  
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE **PD**  Change  Addition  
 NAME **CRAIG SCHIRMER**  
 STREET ADDRESS **14929 REDCLIFF DRIVE**  
 CITY-ST-ZIP **TAMPA, FL 33625-1957**

TITLE **SD**  Delete  
 NAME **CLAWSON, BILL**  
 STREET ADDRESS **14916 REDCLIFF DR.**  
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **BRICKNELL, DENNIS**  
 STREET ADDRESS **14905 REDCLIFF DR.**  
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **TORRETTA, NELSON**  
 STREET ADDRESS **15015 REDCLIFF DR.**  
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **BARUCH, RON**  
 STREET ADDRESS **15008 REDCLIFF DR.**  
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE  Change  Addition  
 NAME **BARUCH, RON**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MAL**  Delete  
 NAME **HOCZAK, STEPHEN**  
 STREET ADDRESS **15009 REDCLIFF DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I's empowered.

SIGNATURE:

*Nelson Torretta*  
**NELSON TORRETTA**

3/21/00

(813) 274-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)